

POSITION	INITIALS	ID NO.	DATE
DETERMINATION	<i>SK</i>	<i>6981</i>	<i>3/29</i>
E. CLASSIFIER		<i>71622</i>	<i>5-19-00</i>
QUALITY REVIEW			
ONSE FORMALITY REVIEW			

INDEX OF CLAIMS

☒ Rejected
☐ Allowed
☐ (Through numeral) Canceled
☐ Restricted
☐ Non-elected
☐ Interference
☐ Appeal
☐ Objected

Date	Claim	Date	Claim	Date	Claim
	Final		Final		Final
	Original		Original		Original
1	51		101		101
2	52		102		102
3	53		103		103
4	54		104		104
5	55		105		105
6	56		106		106
7	57		107		107
8	58		108		108
9	59		109		109
10	60		110		110
11	61		111		111
12	62		112		112
13	63		113		113
14	64		114		114
15	65		115		115
16	66		116		116
17	67		117		117
18	68		118		118
19	69		119		119
20	70		120		120
21	71		121		121
22	72		122		122
23	73		123		123
24	74		124		124
25	75		125		125
26	76		126		126
27	77		127		127
28	78		128		128
29	79		129		129
30	80		130		130
31	81		131		131
32	82		132		132
33	83		133		133
34	84		134		134
35	85		135		135
36	86		136		136
37	87		137		137
38	88		138		138
39	89		139		139
40	90		140		140
41	91		141		141
42	92		142		142
43	93		143		143
44	94		144		144
45	95		145		145
46	96		146		146
47	97		147		147
48	98		148		148
49	99		149		149
50	100		150		150

If more than 150 claims or 10 actions
staple additional sheet here

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